

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$46,291,815	1.74 (est)
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): This filing is to adopt the 1/1/2014 NCCI loss costs and rating values. Current LCM of 1.56 will apply to the NCCI loss costs adopted with this filing.
(Withdrawing our LCM 1.10 For Coal Classification)

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

BrickStreet Mutual Insurance Company
Name of Company

Bob Crossan, Vice President of Underwriting
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 7/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	6,501,472	-6.6%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt
NCCI 1/1/2014 loss costs approved under NCCI Circular IL-2013-06 and keep our LCMs unchanged.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

FCCI Insurance Company

Name of Company

Debra J. Comstock, Sr. Regulatory Filing Specialist

Official – Title

FORM (RF-3)

Summary sheet

Change in Company's premium or rate level produced by rate
revision effective May 1, 1 2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	19,489,029	+9.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising our base LCM. The impact is +9.4% change in our premium level.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which
will result from application of new rates.

Federated Mutual Ins. Co.

Name of Company

Greg Bangs ACAS, MAAA – Assoc. Actuary

Official – Title

FORM (RF-3)

Summary sheet

Change in Company's premium or rate level produced by rate
revision effective May 1, 2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois) *</u>	(3) <u>Percent Change (+ or -) **</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> <u>Line of Insurance</u>	<u>1,822,529</u>	<u>+9.8%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are revising our base LCM. The impact is +9.8% change in our premium level.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which
will result from application of new rates.

Federated Service Ins. Co.

Name of Company

Greg Bangs, ACAS, MAAA – Assoc. Actuary

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 2/1/2014

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	9,220,862	1.859%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: N/A

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adoption of NCCI rate referenced in IL-2013-06 on 2/1/2014

(FNP is currently using NCCI Rates) and file 1.85 LCM and \$260 Expense Constant.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

First Nonprofit Insurance Company

Name of Company

Submitted by: James Shoenfelt, ACAS

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective -5.4% 01/01/2014.

	(1) Coverage	(2)	(3)
		Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$10,095	-5.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: Applies to All

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Follows NCCI Illinois rates.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Frank Winston Crum Insurance Company

Name of Company

Kristen Fortune - Actuarial Consultant

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	5,852,022	19.10%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are requesting to adopt the NCCI 1/1/14 loss costs, to be effective 5/1/14 for new and renewal business. In addition, we are requesting to change our loss cost multiplier from 1.77 to 2.25. Estimated Premiums.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

General Casualty Insurance Company

Name of Company


Rate-Form Manager

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	9,526,211	-14.10%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are requesting to adopt the NCCI 1/1/14 loss costs, to be effective 5/1/14 for new and renewal business. In addition, we are requesting to change our loss cost multiplier from 2.045 to 1.90. Estimated Premiums.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

General Casualty Company of Wisconsin

Name of Company


Rate-Form Manager

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

3/1/2014

(1) <u>Coverage</u>		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$8,747,228	-9.2%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of NCCI Loss Costs and Rating Values from NCCI Circular IL-2013-06
effective January 1, 2014. Our filing (IL13269CG00025) to be effective March 1, 2014.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Alliance Insurance Company
 Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
 Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2014

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$104,358	-1.5%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI Loss Costs and Rating Values from NCCI Circular IL-2013-06
effective January 1, 2014. Our filing (IL13269CG00025) to be effective March 1, 2014.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Assurance Company
Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:
3/1/2014

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$844	0.0%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI Loss Costs and Rating Values from NCCI Circular IL-2013-06
effective January 1, 2014. Our filing (IL13269CG00025) to be effective March 1, 2014.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company
Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF - 3

Change in Company's premium or rate level produced by rate revision effective:

3/1/2014

(1) <u>Coverage</u>		(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	\$1,095,699	-7.5%
16.	Other		
	(Line of Insurance)		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Adoption of NCCI Loss Costs and Rating Values from NCCI Circular IL-2013-06
effective January 1, 2014. Our filing (IL13269CG00025) to be effective March 1, 2014.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Great American Insurance Company of New York
Name of Company

Richard McIntyre, Senior Compliance Filing Analyst
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 7/1/2014

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	783,384	-5.5%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt
NCCI 1/1/2014 loss costs approved under NCCI Circular IL-2013-06 and keep our LCMs unchanged.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Monroe Guaranty Insurance Company

Name of Company

Debra J. Comstock, Sr. Regulatory Filing Specialist

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 7/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	5,421,231	-7.2%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt
NCCI 1/1/2014 loss costs approved under NCCI Circular IL-2013-06 and keep our LCMs unchanged.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

National Trust Insurance Company

Name of Company

Debra J. Comstock, Sr. Regulatory Filing Specialist

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 02/01/2014.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$17,595,604	- 3.56%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,

specify: Yes. 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8835, 8842,
8864, 8868, 9015, 9040.

Brief description of filing. (If filing follows rates of an advisory

Organization, specify

organization):

Adoption of 01-01-2014 NCCI advisory rates with the
exception of NHRMA Mutual class code 9929 with a rate of \$3.59. All NHRMA policies are written
on a Loss Sensitive Rating Plan.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Nhrma Mutual Insurance Company

Name of Company

Lloyd Wiesemann, VP-Insurance Services

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/2014

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	8,533,520	-1.60%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are requesting to adopt the NCCI 1/1/14 loss costs, to be effective 5/1/14 for new and renewal business. In addition, we are requesting to change our loss cost multiplier from 1.54 to 1.615. Estimated Premiums.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Regent Insurance Company

Name of Company


Rate-Form Manager

Official - Title